

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001376</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>08/15/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>BMMSA HEART AND VASCULAR CENTER OF THE MAIN LINE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>955 E. HAVERFORD RD., SUITE 100 BRYN MAWR, PA 19010</b>			
STATE LICENSE NUMBER: <b>50811501</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:			(X6) DATE:		

Pennsylvania Department of Health

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S 0000	Continued from page 1  This report is the result of an occupancy survey conducted on August 15, 2023, at BMMSA Heart and Vascular of the Main Line, which included Addition of otorhinolaryngology (ENT) procedures- Hypoglossal nerve stimulator implantation, Drug Induced sleep endoscopy, Tonsillectomy/adenoidectomy, and endoscopic sinus surgery. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of the Guidelines for Design and Construction of Outpatient Facilities.	S 0000			



# Certified End Page

**BMMSA HEART AND VASCULAR CENTER OF THE MAIN LINE**

**STATE LICENSE NUMBER: 50811501**

**SURVEY EXIT DATE: 08/15/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY